

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----x
GREGORY V. PIATT,

Docket No.: CIV 3902
2007

Plaintiff

v.

MARC S. LACHAR AND JOAN B. LACHAR,

Defendants
-----x

**RULE 26.1 DISCLOSURE
STATEMENT**

**JUDGE ASSIGNED:
HON. LISA MARGARET
SMITH, U.S.M.J.**

Defendants, Marc S. Lachar and Joan B. Lachar, as and for
its initial disclosure requirements of Rule 26(a)(1) of the
Federal Rules of Civil Procedure, sets forth the following:

Rule 26(a)(1)(A): Provide the name and if known, the
address and telephone number of each individual likely to have
discoverable information relevant to disputed facts alleged with
particularity in the pleadings, identifying the subjects of the
information.

Response: Individuals likely to have discoverable
information include all parties of this litigation, all person
named in all discovery and investigations, all treating and
examining doctors, family doctors of plaintiff, all medical
personnel who have rendered care to the plaintiff in the last
ten (10) years, custodians of plaintiff's medical, legal,
criminal, educational and insurance claims, any and all members
of the plaintiff's household, any and all participants in the
"alleged automobile" at issue in this lawsuit, investigating

personnel and/or police, all persons who investigated or prepared a record for any governmental unit in connection with the alleged incident, and any other individuals identified through ongoing pretrial discovery and examination and cross-examination of all parties and witnesses up to and including the time of trial in this matter.

Specifically, it is believed that non-party witnesses may include, inter alia:

1. James Zeno, P.O. Box 233, South Fallsburg, New York 12279.

Rules 26(a)(1)(B): Provide a copy of, or a description by category and location of, all documents, data compilations, and tangible things in the possession, custody, or control of the party that are relevant to disputed facts alleged with particularity in the pleadings.

Response: Copies of photographs were previously provided. Copies of Police Report and repair estimates are annexed as Exhibit "A".

Rule 26(a)(1)(C): Provide a computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered.

Response: Not applicable.

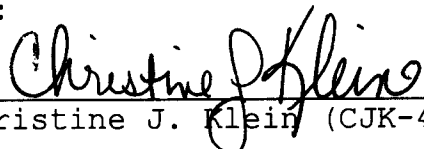
Rule 26(a)(1)(D): Provide for inspection and copying under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered into the action or to indemnify or reimburse for payments made to satisfy the judgment.

Response: Insurance coverage in this matter is afforded to defendants Marc S. Lachar and Joan B. Lachar by Great Northern Insurance Company, in the amount of \$500,000 under policy number 1031296002, with effective dates of April 24, 2006 through April 24, 2007.

DATED: January 28, 2008
White Plains, New York

Yours, etc.,
EUSTACE & MARQUEZ
Attorneys for Defendants,
Marc S. Lachar and Joan B.
Lachar
1311 Mamaroneck Avenue
3rd Floor
White Plains, New York 10605
(914) 989-6650

By:


Christine J. Klein (CJK-4713)

TO:

Jay S. Hausman & Associates, PC.
Jay S. Hausman, Esq.
Attorneys for Plaintiff, , Gregory V. Piatt
280 North Central Avenue
Hartsdale, New York 10530

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EXHIBIT "A"

POTAMKIN

Cadillac • Buick • Chevrolet • GMC • Pontiac
Huymer of Manhattan LLC
 798 Eleventh Avenue • New York, New York 10019
 Phone 212-708-3080 Fax 212-708-3127

ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THIS IS A LIMITED WARRANTY FOR 12 MONTHS OR 12,000 MILES. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER IMPLIED OR EXPRESSED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS. NO CASH OR CREDIT EXCHANGE IS ALLOWED. THERE IS A 25% HANDLING CHARGE ON ALL APPLICABLE RETURNS. ELECTRONIC AND CREDIT CARD PAYMENTS ARE NOT RETURNABLE. THIS POLICY PERTAINS ONLY TO IN-STORE, UNFINISHED, UNFINISHED, UNFINISHED.

 ATT: CUSTOMERS
 WE WILL NO LONGER ACCEPT ANY PARTS FOR
 RETURN AFTER 30 DAYS FROM INVOICE DATE

 NO EXCEPTIONS *****

152468 133389273 50131855 PENDING PHIL LIN 09/13/06 12927
 CDW

212-288-5192

B
I
L
T
O

DIFFUT AUTO REPAIR
 317-19 EAST 111ST STREET
 NYC, NY 10029

B
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O

1	0	12335545 FASCIA	7.831	03183	548.42	438.64	438.64
1	0	26787261 DOOR	12.846	SP-ORD	24.19	27.36	27.36
MERCHANDISE RECEIVED BY X				SUBTOTAL			466.89
PLEASE USE CAUTION OPENING IF CONTAINER DAMAGED, TORN OR DEFACED, PART NOT RETURNABLE. ANY WARRANTY ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS. NO CASH OR CREDIT EXCHANGE IS ALLOWED. THERE IS A 25% HANDLING CHARGE ON ALL APPLICABLE RETURNS. ELECTRONIC AND CREDIT CARD PAYMENTS ARE NOT RETURNABLE. THIS POLICY PERTAINS ONLY TO IN-STORE, UNFINISHED, UNFINISHED, UNFINISHED.				TAX			6.00
				FREIGHT			0.00
				PAY THIS AMOUNT			466.89

Thank You

N.Y.S. REPAIR SHOP REG. NO. 8-7853008, 7082972
 NYC DCA LIC. NO. 91674, 1120640

NET582

PAGE 1 OF 1

Sep. 15 2006 12:14PM P2

FRX NO. : 2127227342

FROM : BONET COLLISION

AUTO REPAIR
 111ST STREET
 NY 10029

	QTY	UNIT PRICE	TOTAL	TAXES
PARTIAL CABINIA DOOR	7.831 12.945	0315D SP-ORD	649.42 34.19	438.54 27.35
				438.54 27.35
SUBTOTAL				887.01%
TOTAL DUE				496.00
TAX				0.00
FREIGHT				0.00
Total Due				496.00

Insurance Claim Services (Mariconti/Priority)

PO Box 206

Emerson, NJ 07630

Phone: (201)-262-4868 Fax: (201)-262-9868

Tax ID#: 22-3561579

Invoice #

00088910 .01

INVOICE

Insurance Company: CHUBB GROUP OF INS.COMPANIES

Adjuster: Kimparsons

Claim/File Number: 40506069238

Log #: 1031296002

Insured: Lacar, Marc

Policy:

Claimant: Lacar, Marc

Date of Loss: 06/26/2006

Date Claim Received: 07/18/2006

Date Returned: 07/19/2006

Services:

Initial Appraisal \$85.00

Total: \$85.00

Date: 7/19/2006 06:00 PM
 Estimate ID: 88910.01
 Estimate Version: 0
 Preliminary
 Profile ID: CUSTOMIZED

INSPECTED VEHICLE FOR RT REAR DAMAGES. WROTE ALL VISABLE DAMAGES.
 UNRELATED DAMAGE TO LEFT REAR OF VEHICLE. OWNER PRESENT AT TIME OF
 INSPECTION. APPRAISAL IS FAIR AND RELATED AND A/P CAN BE SECURED WITH
 OWNERS CHOICE OF REPAIRER UPON REQUEST. COPY SENT TO OWNER.

Insurance Claim Services

PO BOX 206 EMERSON, NJ 07630
 (201) 664-4345
 Fax: (201) 664-6693

Damage Assessed By: Frank Mariconti, Jr.

Appraised For: CHUBB INS

Condition Code: Good
 Date of Loss: 6/26/2006
 Deductible: UNKNOWN
 File Number: 88910.01
 Policy No: 88910.01

Type of Loss: Collision

Claim Number: 40506069238

Insured: MARC LACAR
 Address: 24 WALWORTH AVE SCARSDALE, NY 10583
 Telephone: Home Phone: (914) 472-7044

Mitchell Service: 914767

Description: 2005 Lexus GS 300
 Body Style: 4D Sed
 VIN: JT8BD69SX50205903
 Color: BLUE

Drive Train: 3.0L Inj 6 Cyl 5A RWD
 License: DCN8816 NY

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	400922	REF	REFINISH	ROCKER/PILLARS/FLOOR			
2				R REAR ROCKER MOULDING			C 0.5
				MOLDING SCUFFED AND SCRATCHED			
				FRONT DOOR			
3	401299	REF	BLEND	R FRT DOOR OUTSIDE			C 0.8
4	401319	BDY	REMOVE/INSTALL	R FRT BELT MOULDING			0.9 #
5	401321	BDY	REMOVE/INSTALL	R FRT DOOR MOULDING			0.4
6	401323	BDY	REMOVE/INSTALL	R FRT REAR VIEW MIRROR			INC #
7	401395	BDY	REMOVE/INSTALL	R FRT DOOR TRIM PANEL			INC
8	401458	BDY	REMOVE/INSTALL	R FRT DOOR HANDLE			0.8 #
				MANUAL ENTRIES			
9	900500	BDY *	REPAIR	COLOR SAND AND POLISH	Existing		0.8*
10	900500	REF *	REMOVE/REPLACE	COLOR TINT	New	0.00 *	0.5*

ESTIMATE RECALL NUMBER: 7/19/2006 18:00:17 88910.01

Mitchell Data Version: JUN_06_A
 UltraMate Version: 5.0.215

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Page 1 of 3

*** - Judgement Item**
- Labor Note Applies
C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 7/19/2006 18:00:17 88910.01

Page 2 of 3

Date: 7/19/2006 06:00 PM
 Estimate ID: 88910.01
 Estimate Version: 0
 Preliminary
 Profile ID: CUSTOMIZED

I.	Total Labor:	865.44
II.	Total Replacement Parts:	706.37
III.	Total Additional Costs:	179.96
	Gross Total:	1,751.77
IV.	Total Adjustments:	0.00
	Net Total:	1,751.77

Unrelated Prior Damage

Labor Subtotals	Units	Rate	Totals	Part Replacement Summary	Amount
UN-Body	4.8	45.00	216.00 T		
UN-Refinish	4.5	45.00	202.50 T		
UN-Taxable Labor			418.50	Unrelated Prior Damage Parts Summary	0.00
Labor Tax	@	7.375 %	30.86		
Unrelated Prior Damage Labor Summary	9.3		449.36	Unrelated Prior-Total Labor:	449.36
				Unrelated Prior-Total Replacement Parts:	0.00
				Unrelated Prior-Damage Total:	449.36 *

* Total does not include overlap or labor adjustments

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Point(s) of Impact

4 Right Rear Side (P)

THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION COMES FROM OWNER.
 THIS IS ESTIMATE ONLY.
 NO SUPPLEMENT WILL BE HONORED UNLESS PRIOR APPROVAL FROM APPRAISER
 APPRAISER MUST BE CALLED BACK TO PHOTOGRAPH ANY ADDITIONAL LABOR
 NEEDED TO COMPLETE REPAIRS.

ESTIMATE RECALL NUMBER: 7/19/2006 18:00:17 88910.01

Mitchell Data Version: JUN_06_A
 UltraMate Version: 5.0.215

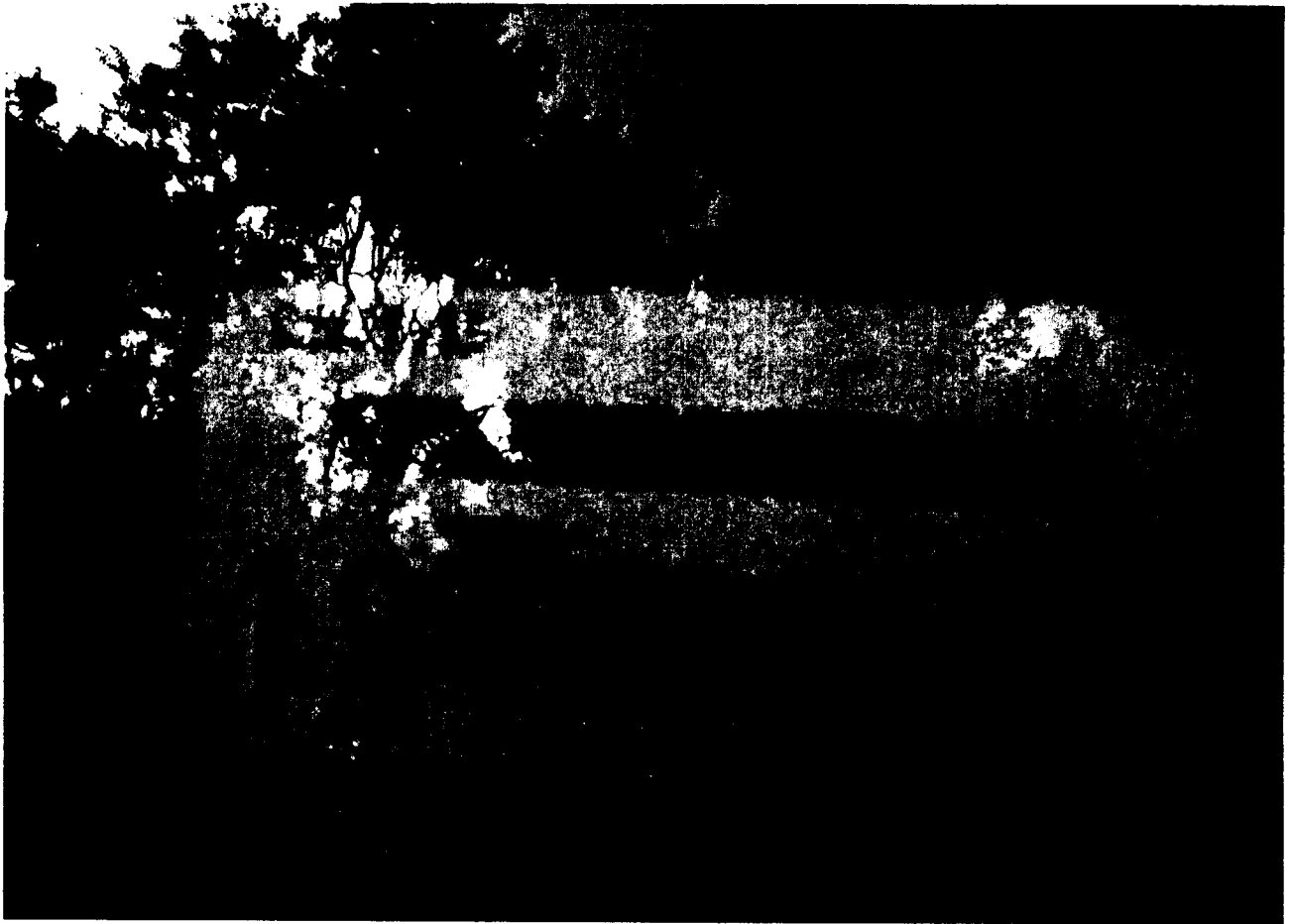
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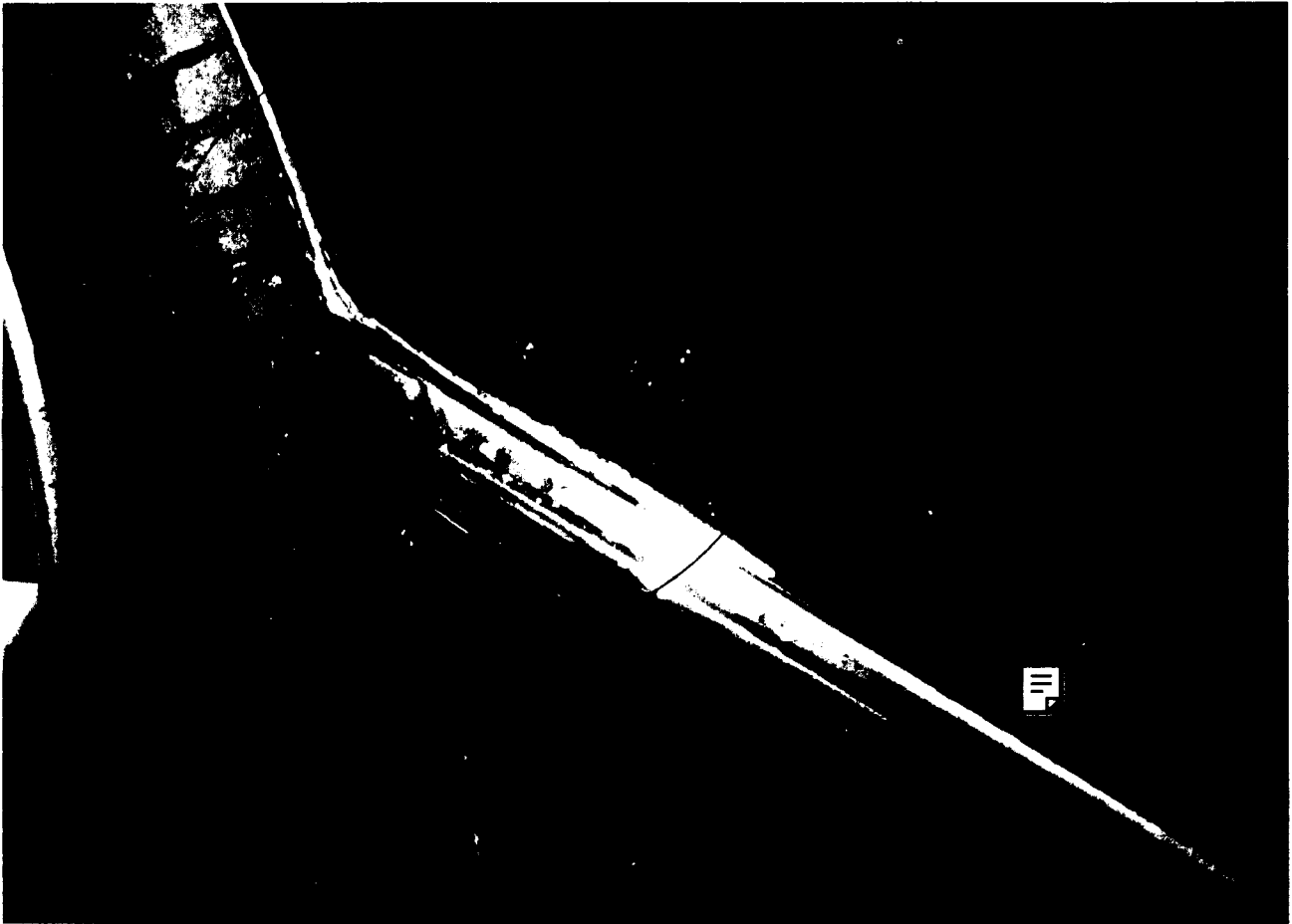
Page 3 of 3

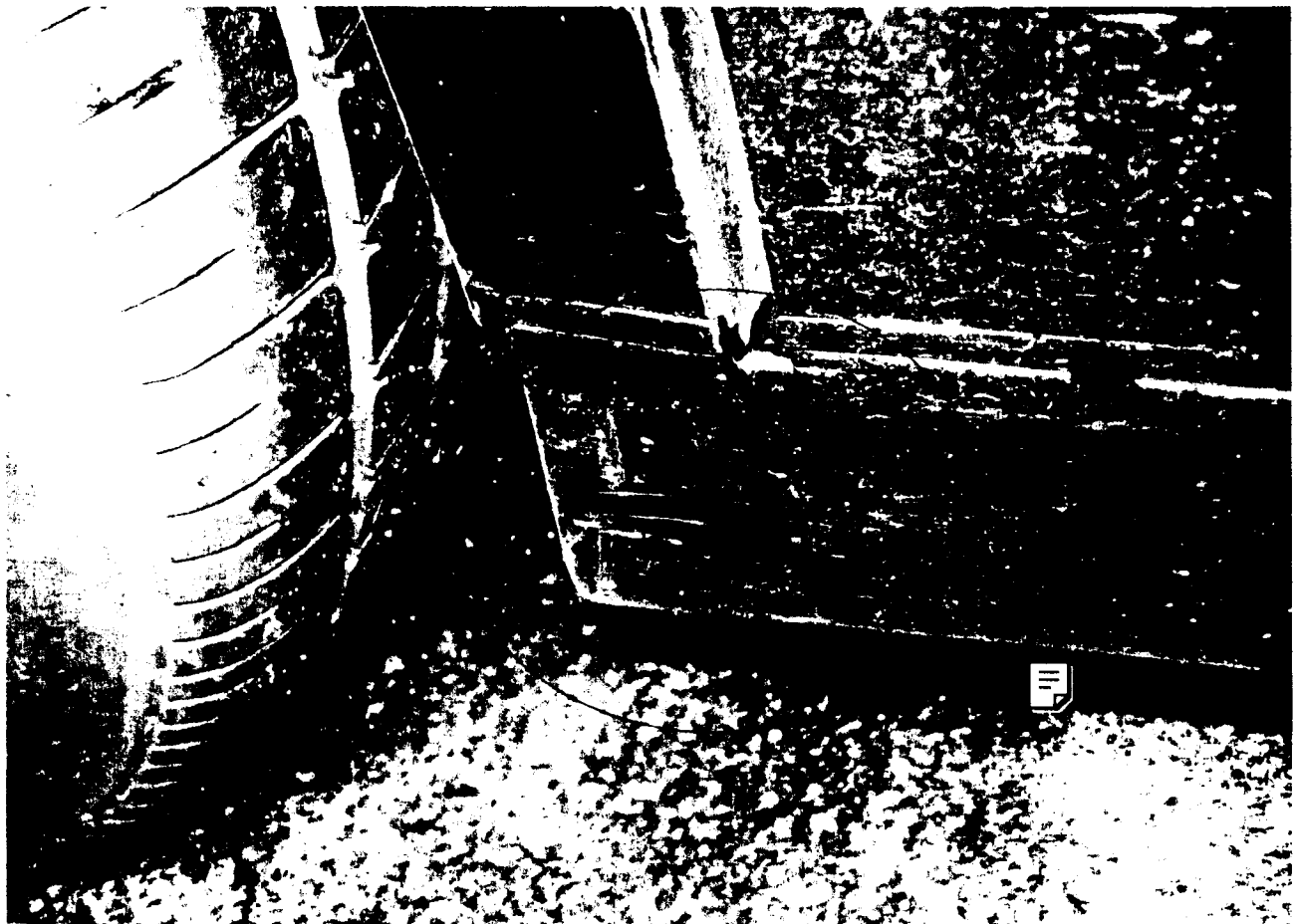












Complete Claims Service, LLC

P.O. BOX 71
SYOSSET, N.Y. 11791-0071
(516) 935-8780
FAX (516) 939-0520

CHUBB INSURANCE COMPANY
PO BOX 2191
CHESAPEAKE, VA 23327-2191

ATTENTION: KIM PARSON
FOR SERVICES RENDERED

INSPECTION FEE: \$105.00

SUPPLEMENT: \$0.00

BROKEN APPOINTMENT: \$0.00

0 PHOTOS AT \$2.00 = \$0.00

TOLLS: \$0.00

TOTAL LOSS REPORT: \$0.00

OTHER: None

INSURED: XX, XX

CLAIMANT: PIATT, GREGORY

CLAIM NO: 40506069238

FILE NO: 327616 A

DATE OF LOSS: 6/29/2006

INVOICE DATE: 7/24/2006

\$0.00

TOTAL: \$105.00

PLEASE RETURN COPY OF STATEMENT WHEN MAKING REMITTANCE PAYABLE TO COMPLETE CLAIMS SERVICE, LLC

Invoices over 30 days will be subject to a service charge of 1.5 % per month.

FED. ID #11-3469384

Complete Claims Service, LLC

File Number: 327616 A **Received:** 7/17/2006 **By:** Liz
Insurance Company: CHUBB INSURANCE COMPANY CHESAPEAKE (800) 252-4670
Claim/Policy Number: 40506069238 **Per:** KIM PARSON **Date of Loss:** 6/29/2006
Insured: XX, XX **Loss Type:** Liability **Deductible:** \$0.00
Owner: PLATT, GREGORY **Home Phone:** (917) 476-4466
 67 MARCELLUS AVE **Business Phone:**
 WEST PATERSON, NJ 07424

Year: 5 **Make:** CADI **Model:** CS **Color:** XX **Plate #:** XX
VIN: XX

Estimate From: BONET COLL (212) 289-7435
Contact: FRED OR ED **Estimate:** \$0.00

Appointment: 7/24/2006 Monday **From:** 8 **Until:** 5

Assignment Area: 12 MANHATTAN

Location: BONET COLLISION 317 EAST 11TH ST XS 1 & 2
 NY, NY 10029
 (212) 289-7435

Special Instructions: *DRIVERS SIDE FRONT AND DOOR; FAX: 212-722-7342*

File Comments:	By:
7/24/2006 6:22:11 PM E MAILED TO INS CO & JIM OLIVERI	CAROL
7/24/2006 6:22:05 PM EST AMOUNT OF 851.50 A/P WITH SHOP, FAXED TO SHOP, COPY TO CLMT	CAROL
7/19/2006 10:15:06 A BKN APPT PER ADJ AT SHOP, LEO, OWNER WASNT ABLE TO BRING VEH IN, DUE TO ILLNESS, APPT IS RESET FOR MONDAY 7/24/2006	CAROL
7/18/2006 9:25:29 AM SPOKE TO JASMINE AT SHOP SET APPT FOR 7/19	Liz

SUMMARY SHEET

COMPLETE CLAIMS SERVICES

MEMBER I.A.D.A.

PO BOX 71

SYOSSET NY 11791-0071

PHONE (516) 935-8780 FAX (516) 939-0520

INSURED: NOT GIVEN
 CLAIMANT: PIATT GREGORY
 FILE #: 327616
 LOCATION: BONET COLLISION

CLAIM #: 40506069238
 APPRAISER: LEO PAPA
☒ ESTIMATE COPY TO OWNER
☒ ESTIMATE COPY TO SHOP

☒ VEHICLE DRIVABLE☒ REPAIRABLE☒ AGREED ON PRICE

APPRaiser ESTIMATE: \$ 851.50 REPAIR
 SHOP ESTIMATE: \$. FACILITY: BONET COLLISION
 AGREED NET PRICE: \$. CONTACT: EDDIE

☐ QRP SEARCH
☒ LKQ SEARCH

☐ QRP APPLICABLE
☐ LKQ APPLICABLE

☐ QRP AVAILABLE
☐ LKQ AVAILABLE

RECYCLED PART SUPPLIERS CALLED:

SUPPLIER 1: ALLIANCE
 CONTACT: SAL

SUPPLIER 2: ACE
 CONTACT: JOE

SUPPLIER 3: PXS
 CONTACT: SAL SEAR

☐ RENTAL VEHICLE
 DAYS TO REPAIR:

RENTAL AGENCY:
 DATE STARTED:

- -

RENTAL PERIOD (DAYS):

☒ OLD DAMAGE
☒ POSSIBILITY OF SUPPLEMENT
☐ DRAFT ISSUED

OLD DAMAGE AMOUNT: \$ 315.00
 SUPPLEMENT AMOUNT: \$.
 BETTERMENT TOTAL:
 ALLOWANCES: \$.
 TOW:
 DEDUCTIBLE:
 NET TOTAL: \$ 851.50

DRAFT NUMBER:
 REGULATION NUMBER:

☐ TOTAL
 LOSS

☐ TLA
 SENT

☐ ADJUSTOR
 NOTIFIED

☐ PERMISSION TO
 MOVE VEHICLE

☐ VEHICLE
 MOVED

STOCK NUMBER:
 DATE CONTACTED: - -
 DAILY STORAGE RATE: \$.

SALVAGE LOCATION:
 SALVAGE VALUE: \$.
 TOWING AND STORAGE: \$.

COMMENTS:

AS ARRANGED SUBJECT VEHICLE INSPECTED AT SHOP OF OWNER'S CHOICE. OWNER NOT PRESENT AT TIME OF INSPECTION. NO SHOP ESTIMATE SUBMITTED. DAMAGES ARE TO THE FRONT BUMPER(L/S) AS PER ASSIGNMENT. WENT OVER THE DAMAGES WITH JASMINE @ SHOP. HAVE PREPARED A FAIR APPRAISAL OF THE VISIBLE DAMAGES UTILIZING RECOND PARTS. LKQ PARTS NOT AVAILABLE AT TIME OF WRITING APPRAISAL. UNABLE TO VERIFY ALL DAMAGES BEHIND THE BUMPER AND L/S HEADLIGHT. POSSIBLE SUPPLEMENT WHEN REPAIRS

START AND THE BUMPER COVER IS REMOVED.AP REACHED WITH JASMINE FOR ALL VISIBLE DAMAGES.COPY OF THE APPRAISAL MAILED TO OWNER AND FAXED TO SHOP.UNRELATED PRIOR DAMAGE TO THE L/S QUARTER PANEL FOUND(SEE APPRAISAL).

COMPLETE CLAIMS SERVICES
 MEMBER I.A.D.A.
 PO BOX 71
 SYOSSET NY 11791-0071
 PHONE (516) 935-8780 FAX (516) 939-0520

CD LOG NO 2439 -0

07-24-06 12:56 PM

ESTIMATE

CLAIM INFORMATION

CLAIM #	40506069238	POLICY #	
COMPANY	CHUBB INSURANCE CO	CLAIM REP	KIM PARSON
FAX		WORK PH#	(800) 252-4670
INSURED	NOT GIVEN	LOSS DATE	06-29-06
CLAIMANT	PIATT GREGORY	LOSS TYPE	LIABILITY
FILE HNDLR	KIM PARSON	FILE #	327616

INSPECTION

TYPE	INDEPENDENT FIELD		
PRIMARY POI	FRONT END LEFT	SECOND POI	
APPRAISER NAME	LEO PAPA		
LICENSE #	53 8970		
WORK PHONE	(516) 935-8780	FAX	(516) 939-0502
ADDRESS	PO BOX 71	INSP DATE	07-24-06
CITY STATE	SYOSSET NY	LOCATION	BONET COLLISION
ZIP	11791-0071	CITY STATE	NYC NY

OWNER

PIATT GREGORY	WORK#
67 MARCELLUS AVE	HOME# (917) 476-4466
WEST PATTERSON NJ 07424-	

REPAIR

ATTN EDDIE	SHOP LIC# 7054047
BONET COLLISION	CAR IN
317 E111 ST	CAR OUT
NEW YORK NY 10029-	REPAIR 2 DAYS
SHOP PHONE (212) 289-7435	FAX (212) 722-7342

VEHICLE

2005 CADILLAC CTS LUXURY 4 DR SEDAN
 6CYL GASOLINE 3.6

OPTIONS

TWO-STAGE - EXTERIOR SURFACES	HEATED FRONT SEATS
AUTOMATIC TRANS	ALARM SYSTEM

BODY COLOR	BLACK METAL	MILEAGE	22,797
CONDITION	GOOD	VIN	1G6DP567750131855
LICENSE #	SKS-52B	CODE	T321
LICENSE STATE	NJ	VEH INSP #	

REMARKS:

2005 CADILLAC CTS LUXURY 4 DR SEDAN

CLAIM # 40506069238

LOG 2439 -0

07-24-06 12:56 PM

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC = QUALITY REPL. PART	UE = OE SURPLUS	UC = RECONDITIONED PRT
UM = REMAN/REBUILT PRT	EU = LIKE KIND & QUAL.PRT	EP = QUAL. REPL. PRT. RPT
OE = PXN OE SRPLS	PC = PXN RECONDITIONED	PM = PXN REMAN/REBUILT
TE = PARTL REPL PRICE	ET = PARTL REPL LABOR	IT = PARTIAL REPAIR
I = REPAIR	L = REFINISH	BR = BLEND REFINISH
TT = TWO-TONE	CG = CHIPGUARD	SB = SUBLET
N = ADDITIONAL LABOR	RI = R&I ASSEMBLY	P = CHECK
AA = APPEAR ALLOWANCE	RP = RELATED PRIOR	UP = UNRELATED PRIOR

OP	GDE	MC	DESCRIPTION	MFR.PART NO.	PRICE	AJ%	B%	HOURS	R
PC	0010		COVER,FRONT BUMPER	PXN RECONDITIONED	367.69			3.0	1
L	0010		COVER,FRONT BUMPER	REFINISH				3.5	4
				2.4 Surface					
				0.6 Two-stage setup					
				0.5 Two-stage					
RI	0026		BRKT,FRONT LIC PLATE	R&I ASSEMBLY				0.2	1
EC	M03		FLEX ADDITIVE	QUALITY REPL. PAR	8.00*				1*
EC	M17		COVER CAR EXTERIOR	QUALITY REPL. PAR	6.00*				1*
SB	M60		HAZARDOUS WASTE REMOVA	SUBLET	3.00*				1
I	M66		COLOR SAND AND BUFF	REPAIR				0.5*	1*

7 ITEMS

FINAL CALCULATIONS & ENTRIES

PARTS

GROSS PARTS

OE SURPLUS PARTS

OTHER PARTS

PAINT MATERIAL

\$	381.69
\$	77.00

ADJUSTMENTS

DISCOUNT

MARKUP

PARTS & MATERIAL TOTAL

TAX ON PARTS & MATERIAL @ 8.375%

\$	458.69
\$	38.42

LABOR

RATE

REPLACE HRS

REPAIR HRS

1-SHEET METAL	\$ 45.00	3.2	0.5	\$	166.50
2-MECH/ELEC	\$ 45.00				
3-FRAME	\$ 45.00				
4-REFINISH	\$ 45.00	3.5		\$	157.50
5-PAINT	\$ 22.00				

LABOR TOTAL

TAX ON LABOR

SUBLET REPAIRS

TAX ON SUBLET

TOWING

STORAGE

\$	324.00
\$	27.14
\$	3.00
\$	0.25

2005 CADILLAC CTS LUXURY 4 DR SEDAN

CLAIM # 40506069238

LOG 2439 -0

07-24-06 12:56 PM

GROSS TOTAL	\$	851.50
LESS: DEDUCTIBLE		NONE-
NET TOTAL	\$	851.50

UNRELATED PRIOR DAMAGE OP GDE	DESCRIPTION	MFR.PART NO.	PRICE	HOURS R
--	----	-----	-----	-----
UP	L/S QUARTER PANEL	UNRELATED PRIOR	45.00*	6.0*1*
>>INCLUDES REFINISH				

UNRELATED PRIOR DAMAGE PARTS TOTAL \$ 45.00

UNRELATED PRIOR DAMAGE LABOR TOTAL \$ 270.00

TOTAL UNRELATED PRIOR DAMAGE \$ 315.00

PXN Y/01/01/00/00/00 CUM 01/01/00/00/00 Geocode: 11216 LEO P
 SPPL Y/00/00/00/00/00 CUM 00/00/00/00/00 Geocode: 11216 LEO P
 PXS Y/00/00 Geocode: 11216 LEO P
 ADP PENPRO W0412 ES LOG2439 -0 07-24-06 13:13:50
 REL 4.12.12 DT06/06

(C) 1993 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.

1.1 HRS WERE ADDED TO THIS EST. BASED ON ADP'S TWO-STAGE REFINISH FORMULA. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF OTHER AFTERMARKET PARTS SUPPLIED BY A SOURCE OTHER THAN THE ORIGINAL MANUFACTURER. SUPPLEMENTAL REPAIR CHARGES MAY BE REJECTED UNLESS APPROVED PRIOR TO REPAIRS. THIS INSTRUMENT IS NOT AN AUTHORIZATION TO REPAIR. REPAIR MUST BE AUTHORIZED BY THE OWNER.

THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION COMES FROM OWNER. NO SUPPLEMENTS WITHOUT PRIOR APPROVAL. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT,

2005 CADILLAC CTS LUXURY 4 DR SEDAN

CLAIM # 40506069238

LOG 2439

-0

07-24-06 12:56 PM

WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

QUALITY REPLACEMENT PARTS REPORT

CD LOG NO 2439 -0

DATE 07-24-06

VEHICLE

2005 CADILLAC CTS LUXURY 4 DR SEDAN
6CYL GASOLINE 3.6

OPTIONS

TWO-STAGE - EXTERIOR SURFACES
AUTOMATIC TRANS

HEATED FRONT SEATS
ALARM SYSTEM

PART DESCRIPTION	SUPPLIER PART NUMBER	SUBSTITUTED FOR OEM PART NUMBER	SUPPLIER CODE	CLS	SRC
FRONT BUMPER					
Cover, Front Bumper					
	CA3086ROE	12335545	>001	R	3
	C0266	12335545	002	R	3

> = ESTIMATE TOTAL IS BASED ON PRICE QUOTED BY THIS SUPPLIER

KEY TO CLASSIFICATION/SOURCE CODES

CLS = CLASSIFICATION CODE:

- C - CAPA CERTIFIED PART QUOTED BY LISTED SUPPLIER
- M - REMANUFACTURED/REBUILT PART
- R - RECONDITIONED PART
- S - OEM SURPLUS PART

SRC = SOURCE CODE:

- 1 - NON ORIGINAL EQUIPMENT MANUFACTURER PART
- 3 - ORIGINAL EQUIPMENT MANUFACTURER (OEM) PART

DETAILED DISTRIBUTOR LIST

001 - PXN3766 ACCU PARTS LLC RCND
5-39 46TH AVENUE
LONG ISLAND CITY, NY 11101
(888) 222-8008 (718) 433-1800

002 - PXN4575 CHAMPION BMPRS RCND
141 LANZA AVE
GARFIELD, NJ 07026
(800) 228-6737 (973) 340-0395

ADP PENPRO W0412 ES LOG2439 -0 07-24-06 13:13:50
REL 4.12.12 DT06/06

GEOCODE: 11216

SA: LEO P

(C) 1993 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.



R/R VIEW OF VEHICLE

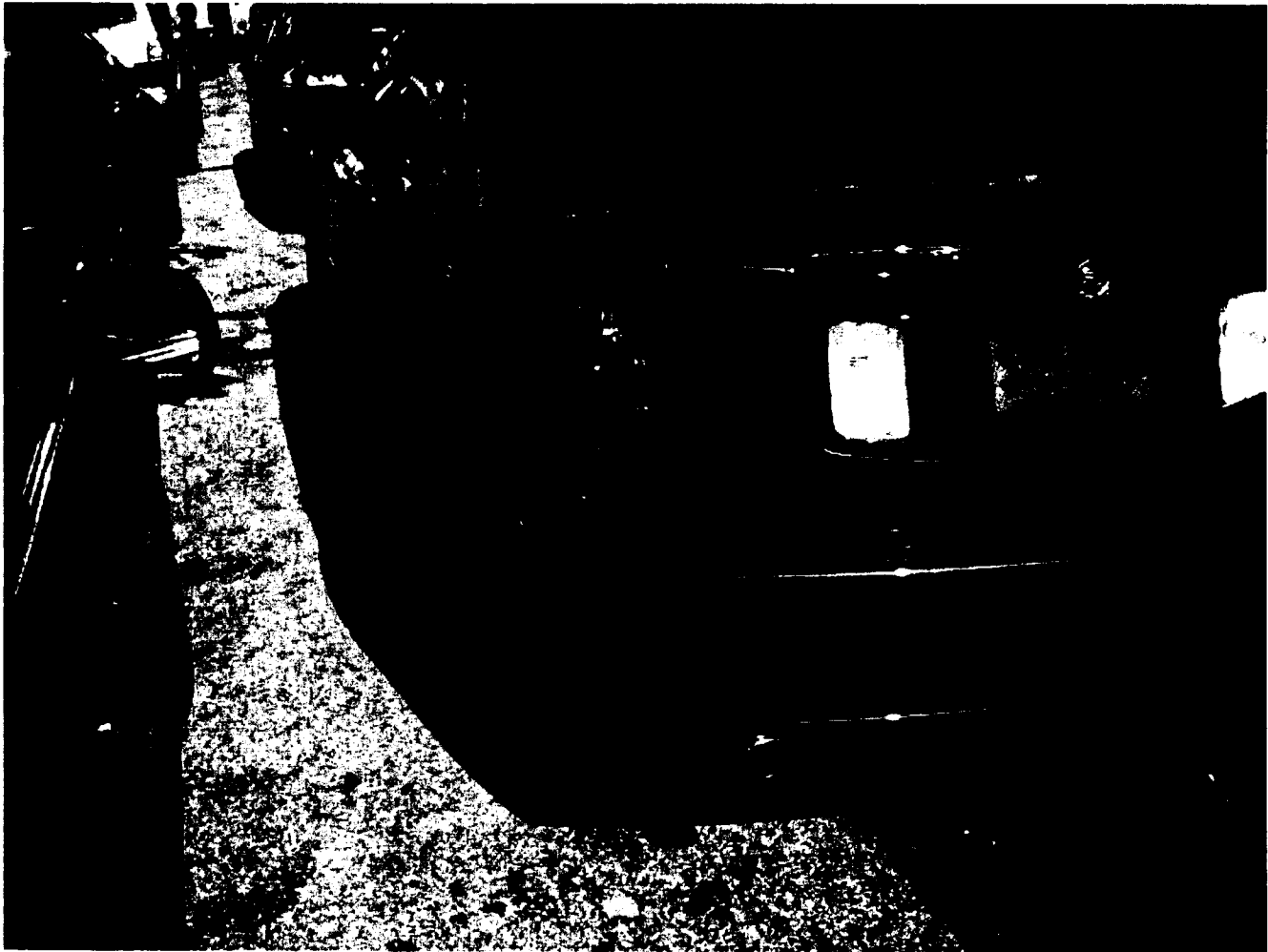
COMPLETE CLAIMS SERVICE LLC

PO BOX 71
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No	40506069238	Adjuster	KIM PARSON	2005 Cadillac
Owner	PIATT GREGORY	Appraiser	LEO PAPA	Date Ins 07-24-06
D/Loss	6/29/2006	CCS #	327616	Insured NOT GIVEN

Printed with EazylImage from GO Media Inc. 1-888-546-7593 - www.goClaims.com



L/R VIEW OF VEHICLE

COMPLETE CLAIMS SERVICE LLC

PO BOX 71
SYOSSET NY 11791-0071

Phone 516-935-8780

Fax 516-939-0520

Claim No 40506069238

Adjuster KIM PARSON

2005 Cadillac

Owner PIATT GREGORY

Appraiser LEO PAPA

Date Ins 07-24-06

D/Loss 6/29/2006

CCS # 327616

Insured NOT GIVEN

Printed with Eazylmage from GO Media Inc. 1-888-546-7593 - www.goClaims.com



L/S QUARTER PANEL / UNRELATED PRIOR DAMAGE

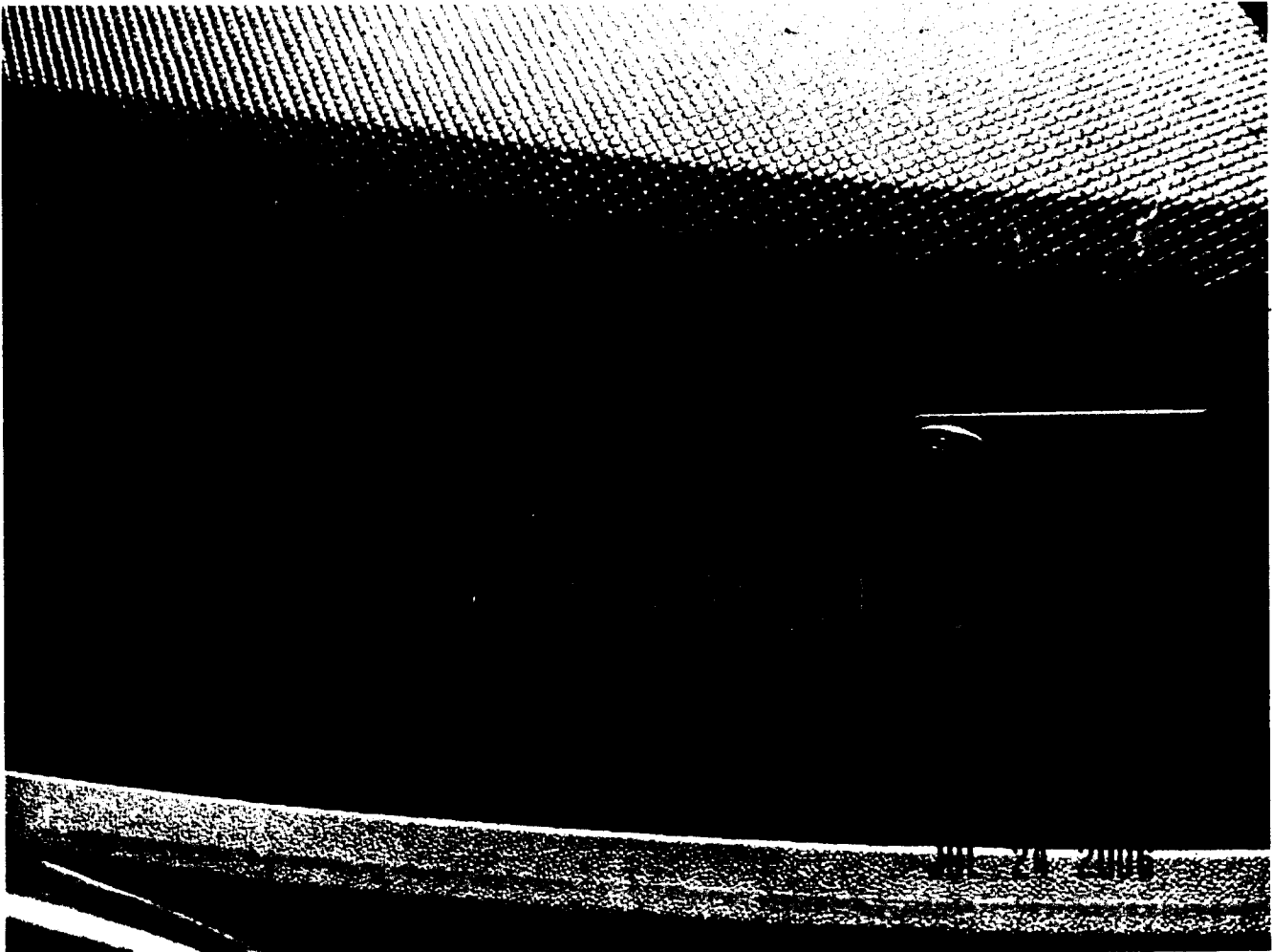
COMPLETE CLAIMS SERVICE LLC

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VEHICLE ID

COMPLETE CLAIMS SERVICE LLC

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L/F VIEW

COMPLETE CLAIMS SERVICE LLC

PO BOX 71
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No	40506069238	Adjuster	KIM PARSON	2005 Cadillac
Owner	PIATT GREGORY	Appraiser	LEO PAPA	Date Ins 07-24-06
D/Loss	6/29/2006	CCS #	327616	Insured NOT GIVEN

Printed with EazylImage from GO Media Inc. 1-888-546-7593 - www.goClaims.com



R/F VIEW

COMPLETE CLAIMS SERVICE LLC

PO BOX 71
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No	40506069238	Adjuster	KIM PARSON	2005 Cadillac
Owner	PIATT GREGORY	Appraiser	LEO PAPA	Date Ins 07-24-06
D/Loss	6/29/2006	CCS #	327616	Insured NOT GIVEN



L/F VIEW OF DAMAGES / BUMPER COVER

COMPLETE CLAIMS SERVICE LLC

PO BOX 71
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

Claim No	40506069238	Adjuster	KIM PARSON	2005 Cadillac
Owner	PIATT GREGORY	Appraiser	LEO PAPA	Date Ins 07-24-06
D/Loss	6/29/2006	CCS #	327616	Insured NOT GIVEN



L/F VIEW OF DAMAGES / BUMPER COVER

COMPLETE CLAIMS SERVICE LLC

PO BOX 71
SYOSSET NY 11791-0071

Phone 516-935-8780 Fax 516-939-0520

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L/F VIEW OF DAMAGES

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Printed with Eazylmage from GO Media Inc. 1-888-546-7593 - www.goClaims.com

FIRST THREE YEARS CENTER POLICE ACCIDENT REPORT (NYO) SPRING 1964											
Date		Time		Place		Type of Accident		No. of Vehicles Involved		No. of Injuries or Deaths	
11/10/64		11:00		1100		2		2		0	
Driver's Name				Vehicle #				Plate #			
John J. V. Latt				604-485 544				1234			
Address				City				State			
24 Waverly Ave.				Brooklyn				NY			
Occupation				Age				Sex			
Student				24				M			
Insurance Co.				Policy #				Amount			
NY 87307				Sears & Roebuck				10000			
Driver's License #				Vehicle #				Plate #			
12345				604-485 544				1234			
Driver's Name				Vehicle #				Plate #			
John J. V. Latt				604-485 544				1234			
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NY 87307				Sears & Roebuck				10000			
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Insurance Co.				Policy #				Amount			
NY 87307				Sears & Roebuck				10000			
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Student				24				M			
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Student				24				M			
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NY 87307				Sears & Roebuck				10000			
Driver's License #				Vehicle #				Plate #			
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Driver's Name				Vehicle #				Plate #			
John J. V. Latt				604-485 544				1234			
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Occupation				Age				Sex			
Student				24				M			
Insurance Co.				Policy #				Amount			
NY 87307				Sears & Roebuck				10000			
Driver's License #				Vehicle #				Plate #			
12345				604-485 544				1234			
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24 Waverly Ave.				Brooklyn				NY			
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Student				24				M			
Insurance Co.				Policy #				Amount			
NY 87307				S							

SYOSSET NY 11791-0071

Fax 516-939-0520

Adjuster **KIM PARSON**

Owner **PIATT GREGORY** Appraiser **LEO PAPA**

Date Ins 07-24-06

CCS # 327616

Insured NOT GIVEN

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Page 1 of 1 Pages

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
 MV-104AN (5/04)

☐ **AMENDED REPORT**

Precinct: 001
 Accident No.: 1419
 Complaint Number: _____

Accident Date: 06/26/2006
 Day of Week: Mon
 Military Time: 1800
 No. of Vehicles: 2
 No. Injured: 0
 No. Killed: 0
 Not Investigated at Scene: ☐
 Reconstructed: ☐
 Left Scene: ☐
 Police Photos: ☐ Yes ☒ No

VEHICLE 1
 VEHICLE 1 - Driver: License ID Number: P40263028502662 State of Lic.: NJ
 Driver Name - exactly as printed on license: Gregory V. Platt
 Address (Include Number & Street): 125 Charles St
 City or Town: Jersey City State: NJ Zip Code: 07307
 Date of Birth: 02/21/66 Sex: M Unlicensed: ☐ No. of Occupants: 1 Public Property Damaged: ☐
 Name - exactly as printed on registration: SLAIA
 Address (Include Number & Street): _____ Apt. No.: _____ Haz. Mat. Code: _____ Released: ☐
 City or Town: _____ State: _____ Zip Code: _____
 Plate Number: SKS528 State of Reg.: NJ Vehicle Year & Make: 2005 Cad. Vehicle Type: 4050 Ins. Code: 961

VEHICLE 2
 VEHICLE 2 - Driver: License ID Number: 604-495 544 State of Lic.: NY
 Driver Name - exactly as printed on license: Lachar Marc, S
 Address (Include Number & Street): 24 Walworth Ave.
 City or Town: Scarsdale State: NY Zip Code: 10583
 Date of Birth: 02/23/49 Sex: M Unlicensed: ☐ No. of Occupants: 1 Public Property Damaged: ☐
 Name - exactly as printed on registration: Lachar, Joan, O
 Address (Include Number & Street): SLAIA Apt. No.: _____ Haz. Mat. Code: _____ Released: ☐
 City or Town: _____ State: _____ Zip Code: _____
 Plate Number: DCN8816 State of Reg.: NY Vehicle Year & Make: 2005 Lexus Vehicle Type: 4050 Ins. Code: 155

Ticket/Arrest Number(s): _____ Violation Section(s): _____

Check if involved vehicle is:
☐ more than 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES
 Box 1 - Point of Impact: 1 2
 Box 2 - Most Damage: 3 4 5
 Enter up to three more Damage Codes: 12 - -
 Vehicle Towed: By To No Tow

VEHICLE 2 DAMAGE CODES
 Box 1 - Point of Impact: 1 2
 Box 2 - Most Damage: 3 4 5
 Enter up to three more Damage Codes: - - -
 Vehicle Towed: By To No Tow

VEHICLE DAMAGE CODING:
 1-13. SEE DIAGRAM ON RIGHT.
 14. UNDERCARRIAGE 17. DEMOLISHED
 15. TRAILER 18. NO DAMAGE
 16. OVERTURNED 19. OTHER

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

1. Rear End 2. Left Turn 3. Right Turn 4. Head On
 5. Sideswipe (same direction) 6. Left Turn 7. Right Turn 8. Sideswipe (opposite direction)

ACCIDENT DIAGRAM: #4

Cost of repairs to any one vehicle will be more than \$1000.
☒ Unknown/Unable to Determine ☐ Yes ☐ No

Reference Marker: _____ Coordinates (if available): _____
 Latitude/Northing: _____
 Longitude/Easting: _____

Place Where Accident Occurred: ☐ BRONX ☐ KINGS ☒ NEW YORK ☐ QUEENS ☐ RICHMOND
 Road on which accident occurred: Broadway (Route Number or Street Name)
 at 1) intersecting street: Warren St (Route Number or Street Name)
 or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: At TIP/O p. veh #1 states that while making right turn S/B w/ signal when veh #2 travelling S/B on Broadway went through red light and struck h.s vehicle. Op. veh #2 states that while travelling S/B changing lanes w/ signal when veh #1 struck his vehicle. A/D did not witness accident.

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	1	1	4	1	40	M								P. att, Gregory	
B	1	3	4	1	12	F								P. att, T. + Tony	
C	3	1	4	1	51	M								Lachar, Marc, S	
D															
E															
F															

Officer's Rank and Signature: P.O. [Signature]
 Print Name: _____

Tax ID No.: 931799 NCIC No.: 03030 Precinct: 001 Post/Sector: Sp.4 Reviewing Officer: [Signature]
 Date/Time Reviewed: _____

A Last Name		First	M.I.	D Last Name		First	M.I.
Address				Address			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	()	Month	Day	Year	()
B Last Name		First	M.I.	E Last Name		First	M.I.
Address				Address			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	()	Month	Day	Year	()
C Last Name		First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address				Name:			
Date of Birth		Telephone (Area Code)		Shield No.			
Month	Day	Year	()				

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 23341497 Vehicle No. 2 10312960-02
 Expiration Date 2/5/07 Expiration Date 4/24/07
 VIN 1G6DP567750131855 VIN JTB80695450205903

WITNESS (Attach separate sheet, if necessary)

Name James Zeno Address _____ Phone (212) 480-6720
(845) 661-1994

DUPLICATE COPY REQUIRED FOR:

- ☐ Dept. of Motor Vehicles (if anyone is killed/injured) ☐ Motor Transport Division (P.D. vehicle involved) ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved) ☐ Other City Agency (Specify) _____
- ☐ Office of Comptroller (if a City vehicle involved) ☐ Personnel Safety Unit (if a P.D. vehicle involved) ☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle—Operator's First Name		Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command		
Equipment in Use At Time of Accident							
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights	

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal _____ ☐ Complying with Station House Directive
- ☐ Pursuing Violator ☐ Routine Patrol
- ☐ Other (Describe) _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----x
GREGORY V. PIATT,

Index No.: CIV 3902
2007

Plaintiff

v.

AFFIDAVIT OF SERVICE

MARC S. LACHAR AND JOAN B. LACHAR,

Defendants
-----x

STATE OF NEW YORK)
 ss.
COUNTY OF WESTCHESTER)

Linda McKeiver, being duly sworn, deposes and says:

1. That I am over the age of eighteen years and not a party to this action.

2. That on January 28, 2008, I served upon:

Jay S. Hausman & Associates, PC.
Jay S. Hausman, Esq.
Attorneys for Plaintiff, Gregory V. Piatt
280 North Central Avenue
Hartsdale, New York 10530

a true copy of the annexed **RULE 26.1 DISCLOSURE STATEMENT** by depositing it endorsed in a postpaid properly addressed wrapper, in a post office or, official depository under the exclusive care and custody of the United States Postal Service

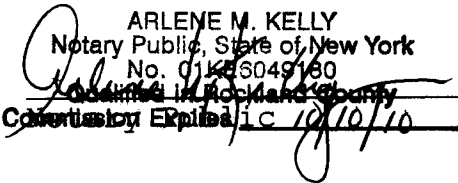
within the State of New York, at the address designated by him or her upon the last paper served by him or her in the action.

DATED: January 28, 2008
White Plains, New York



Linda McKeiver

Sworn and subscribed
before me on January 28, 2008


ARLENE M. KELLY
Notary Public, State of New York
No. 0146049160
~~Commission Expires 10/10/10~~
Commission Expires 10/10/10

Docket No.: CIV 3902 2007
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

GREGORY V. PIATT,

Plaintiff

against

MARC S. LACHAR AND JOAN B. LACHAR,

Defendants

RULE 26.1 DISCLOSURE STATEMENT

EUSTACE & MARQUEZ
Attorneys for Defendant
Office and Post Office Address
1311 Mamaroneck Avenue
3rd Floor
White Plains, New York 10605
(914) 989-6650